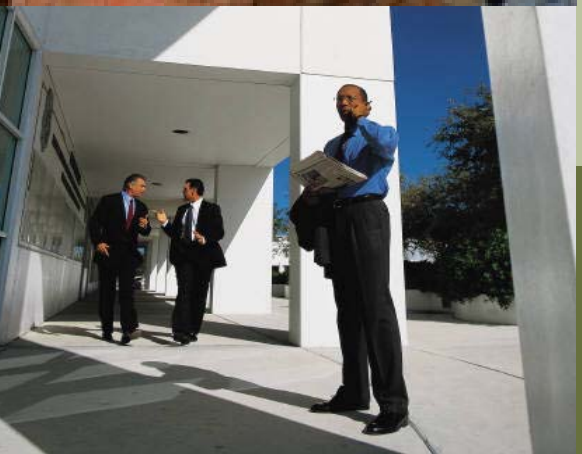

# 2001 New Jersey Workplace Tobacco Survey

## A Statewide Report


James E. McGreevey
Governor

CTCP
NEW JERSEY
Comprehensive Tobacco Control Program

NEW JERSEY DEPARTMENT of HEALTH and SENIOR SERVICES

Clifton R. Lacy, M.D.
Commissioner

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## THE 2001 NEW JERSEY WORKPLACE TOBACCO SURVEY PROJECT TEAM

Omowunmi Y. O. Osinubi, MD, M.Sc, FRCA[1], Principal Investigator
William K. Hallman, PhD[2]
Ira Kaufman, M.S[1]
Edmond S. Malka, MPH[1]
Gail Buckler, RN, MPH, COHS-S[3]
Mary Hrywna, MPH[1]
Jamie Bussel, MPH[1]
Shyamala Muthurajah, MPH[1]
Elisheva Rovner, BA[1]
Megan Brown, MPH[1]
Cristine Delnevo, PhD, MPH[1]
Martha Kovac[4]
John Hall[4]
Richard Strouse[4]
Nuria Diaz-Tena[4]

***We extend our deepest gratitude to John Slade, MD, (1949-2002), a visionary leader whose dedication and mentorship will continue to inspire our work.***

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[1]UMDNJ-School of Public Health, [2]Rutgers, the State University of New Jersey, [3]Aventis Pharmaceuticals, (formerly with UMDNJ-School of Public Health), [4]Mathematica Policy Research, Inc.

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# EXECUTIVE SUMMARY

The New Jersey Workplace Tobacco Policies Survey (NJWTS) was commissioned by the Comprehensive Tobacco Control Program (CTCP) of the New Jersey Department of Health and Senior Services (NJDHSS). It was designed to provide the first comprehensive data on smoking policies and tobacco cessation treatment in New Jersey workplaces. The survey was conducted by telephone with 1120 businesses between July and October 2001. Key findings are summarized below.

## WORKPLACE TOBACCO POLICIES

### Current Workplace Smoking Policies[i]

- 86.2% of all workplaces with 5 or more employees reported having some kind of policy that restricts smoking on site.
- Three-quarters (77.9%) of workplaces with 50 or more employees had a written policy that prohibits indoor smoking or limits smoking to designated indoor areas.
- Smoking policies were more formalized at larger workplaces compared to small workplaces.

### Smoke-Free Workplaces[ii]

- 88.4% of all New Jersey workplaces met the criteria for a smoke-free workplace.
- Small (88.6%) and medium (86.1%) sized workplaces were less likely to be smoke-free compared to large (92.8%) and very large (93.8%) workplaces.[iii]
- The mining, manufacturing & transportation industries; accommodation & food services, as well as, real estate industries were less likely to have smoke-free workplaces compared to healthcare and social services, educational, professional scientific and technical services.
- More than nine out of ten (92%) workplaces permitted employees to smoke outside of buildings.
- Of the workplaces that used company vehicles, 37.7% permitted smoking in them.

### Cigarette Sales in the Workplace

- Approximately 1-in-12 (8.4%) workplaces reported that cigarettes were available for sale to employees. The three most common industries to report that cigarettes were available for sale on premises were: retail trade (27.6%), accommodation and food services (11.9%) and finance and insurance (10.1%).

[i] New Jersey law requires private employers with 50 or more employees to establish written rules to protect employees from environmental tobacco smoke (ETS) [NJSA 26:3D-23-25].

[ii] New Jersey law defines a smoke-free workplace as a place of work that has a total ban on indoor smoking or prohibits smoking in all indoor work, public and common areas and restricts smoking to designated fully enclosed and separately ventilated locations.

[iii] Data is reported for four different groups of workplaces based upon employee size as follows: **Small (5 to 49 employees); Medium (50 to 249 employees); Large (250 to 499 employees) and Very Large (500 or more employees).**

# WORKPLACE TOBACCO CESSATION PROGRAMS

## Health Insurance Benefits

- Overall, 85.9% of workplaces offered or contributed to a health insurance program as part of employee benefits. Larger workplaces were more likely to provide health insurance compared to smaller workplaces.

- More than three-quarters (76.8%) of the workplaces that provided health insurance benefits indicated that coverage for smoking cessation treatment was not an important consideration in their decision to purchase a particular health plan.

## Health Promotion and Wellness Programs

- Only 1-in-7 (14.5%) workplaces offered workplace health promotion and wellness programs. Larger workplaces were more likely to offer health promotion and wellness programs compared to smaller workplaces.

- Compared to other types of health/wellness programs, smoking education programs (38.7%) were the least likely to be offered to employees.

- Very few (6.4%) workplaces used incentives to encourage their employees to quit smoking.

## Workplace Smoking Cessation Treatment Programs

- Only 1-in-15 (6.8%) workplaces had ever offered a workplace smoking cessation program. Larger workplaces were more likely to offer cessation treatments compared to smaller workplaces.

- Of the few workplaces with smoking cessation programs, the most common treatments were group counseling (67.3%) and individual counseling (39.3%). Cessation medications were the least likely treatments to be offered (27.2% for nicotine replacement therapy [NRT] and 15.6% for Zyban).

- Approximately 1-in-5 (22.0%) workplaces had an Employee Assistance Program (EAP) but only half (51.5%) of these EAPs provided any smoking cessation treatments.

- The most frequently reported cessation treatments available through EAPs were individual counseling (56.0%) and group counseling (48.5%). Cessation medications were the least likely mode of cessation treatment to be offered through the EAPs (24.7% for NRT and 13.8% for Zyban).

## Barriers to Workplace Smoking Cessation Programs and Assistance Desired

- Perceived barriers to offering a workplace smoking cessation program include: low prevalence of smokers in the workplace (20.6%), perceived lack of employee's interest (12.7%) and lack of financial resources (6%).

- Types of assistance that workplaces said they could find helpful were: free outside programs to help people quit smoking, a listing of programs that help people quit smoking and "No Smoking" signs and posters.

# INTRODUCTION

Tobacco remains the single most preventable cause of premature illness and death in the United States. Nearly one quarter (23.2%) of American adults use tobacco.[1] The resulting national death toll attributable to tobacco is estimated at 430,000 people each year. While the toll is heaviest among smokers themselves, it also includes as many as 62,000 premature deaths from heart disease and 3,000 lung cancer deaths among non-smokers exposed to environmental tobacco smoke (ETS).[2] In addition to the burden of tobacco-caused disease/death on individuals and their families, tobacco use costs the American economy more than $100 billion per year in productivity losses and health care spending.[3]

In the state of New Jersey, 1-in-5 adults are tobacco users.[2,4] It is estimated that one out of three of these smokers will die prematurely, shortening the smoker's lifespan an average of 13 years. Approximately 10,700 New Jerseyans die from tobacco-caused diseases each year and the medical cost of treating tobacco-related illness in New Jersey exceeds $1.7 billion annually.[1]

Nearly four million New Jersey residents are part of the workforce, working for one of approximately 350,000 employers in the state.[5] The estimated 800,000 employees who smoke place an economic burden on New Jersey businesses. Smokers have twice the work-related injury rates and are absent from work 50% more often than non-smokers. Employees who smoke miss an average of six additional workdays per year than their non-smoking peers.[6] The excess health-related cost to employers is approximately $1000 per year for each smoker.[7]

While at work, smokers take an average of three smoking breaks a day, each lasting 13 minutes, resulting in 39 minutes of lost productivity per workday. Though figures for the state of New Jersey are unavailable, these smoking breaks are estimated to cost Michigan employers approximately $1.7 billion per year.[8] Employee smoking is also associated with increased rates of disciplinary troubles and involuntary turnover.[9-10]

As harmful as tobacco smoke is to the smoker, it also causes ill health in non-smoking employees. ETS (secondhand cigarette smoke) is the single most important indoor air contaminant in the workplace. The Environmental Protection Agency has classified ETS as a Class A carcinogen (the same category as benzene, asbestos and radon).[11] As scientific knowledge of the health risks caused by ETS has increased, there has been a change in public attitudes towards ETS exposure at work and in other public places. Smoking is now re-framed as a social concern beyond personal behavior. For example, a Gallup poll in 1994 showed that one-third (36%) of the American public believed second hand smoke is "very harmful". A recent poll shows one-half (52%) of the American public now believes second hand smoke is "very harmful".[12]

Heart disease and cancer are the two leading causes of death, with tobacco use being a major contributing factor to these diseases. The primary goal of the US Department of Health and Human Services strategic plan, "Healthy People 2010," is to increase the quality and years of healthy life for all Americans. The key objectives of "Healthy People 2010 " are reducing smoking prevalence by half (to 12%) by helping existing smokers quit smoking and increasing the proportion of workplaces with formal smoking policies that prohibit smoking or limit it to separately ventilated areas to 100%.[13] Reducing smoking prevalence to 12% will require cessation rates to increase three- to four-fold in the next 10 years.[14] For this to occur, effective cessation treatment

must be made readily available to all tobacco users. To improve the availability of such treatments, "Healthy People 2010" aims to increase health insurance coverage of smoking cessation medications and behavioral therapies in managed care organizations from 75% to 100%.[13]

The mission of the Comprehensive Tobacco Control Program (CTCP) of the New Jersey Department of Health and Senior Services (NJDHSS) is to decrease morbidity and mortality associated with the use of tobacco and exposure to ETS in accordance with "Healthy New Jersey 2010", the state's comprehensive set of health objectives for this decade.[15] The New Jersey workforce provides excellent opportunities for comprehensive tobacco control efforts.

The key objectives of the CTCP that are relevant to New Jersey workplaces are to increase the number of non-smoking workplaces and to increase the number of organizations/employers offering tobacco dependence treatment programs. The CTCP has formed community partnerships with the American Cancer Society, Communities Against Tobacco coalitions and the Local Information Network Communication System to develop workplace initiatives that will reduce smoking rates and ETS exposure in New Jersey workplaces.

The 2001 New Jersey Workplace Tobacco Survey (NJWTS) provides the first comprehensive data on smoking restriction policies and tobacco cessation treatment in New Jersey workplaces. The 2001 Dun & Bradstreet marketing file was used as the frame for sample selection.[16] The sample design was developed to ensure representation of the five geographic regions in the state. The sample was stratified by type of business as well as workforce size. The workplace sample was selected using probability-proportional-to-size (PPS) methods, where size was number of employees. The data were weighted to adjust for non-response and the varying probabilities of selection. SUDAAN statistical software, which corrects for the complex sample design, was used to generate 95% confidence intervals.[17] All results are reported as weighted, unless otherwise indicated.

The NJWTS is unique in that it provides information about small workplaces (those that employ less than 50 workers), smoking policy enforcement and compliance, health insurance benefits and smoking cessation treatments offered by New Jersey workplaces.

# RESULTS

## Sample Characteristics

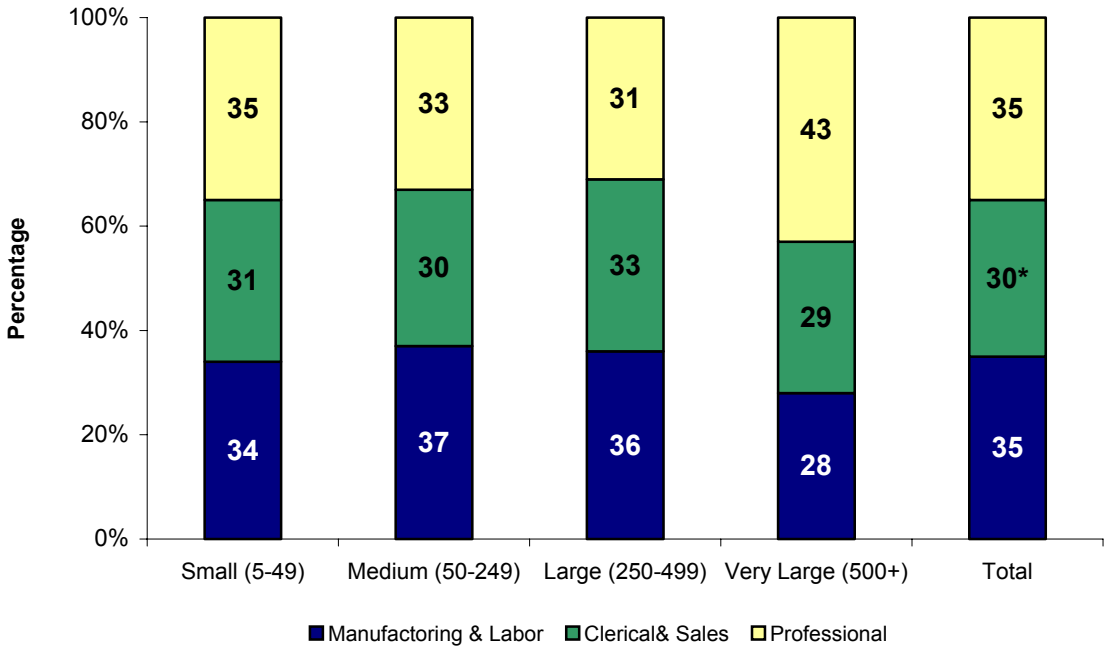
Based on data from Dun & Bradstreet, approximately one-third of the estimated 350,000 workplaces in New Jersey employs five or more people.[16] The distribution of workplaces by size of employees in the sample frame used for the NJWTS is shown in Table 1. The median number of employees in the NJWTS for small workplaces was 10; for medium workplaces the median was 74; for large workplaces it was 300 and for very large workplaces the median was 800.

**Table 1: Distribution of New Jersey workplaces that employ five or more people - Dun & Bradstreet 2001**

| | Workplace by Size | | | | |
|---|---|---|---|---|---|
| | Small (5-49) | Medium (50-249) | Large (250-499) | Very Large (500+) | Total |
| Number of Establishments | 97,787 | 11,080 | 981 | 684 | 110,532 |
| Proportion of Establishments | 88.4% | 10.02% | 0.89% | 0.62% | 100% |
| Proportion of Employees | 36.15% | 30.0% | 9.15% | 24.7% | 100% |

The workplaces interviewed were widely distributed across industry categories (See technical notes on page 20 for details). About one third of the workforce was employed as professionals (35%), a third was involved with manufacturing or labor (35%), and a third was employed in clerical or sales positions (30%) (See Figure 1). Overall, women made up half of the workforce regardless of the size of the establishment (small 50%, medium 50%, large 50% and very large 51%).

**Figure 1: Workforce composition by size of workplace - NJWTS, 2001**



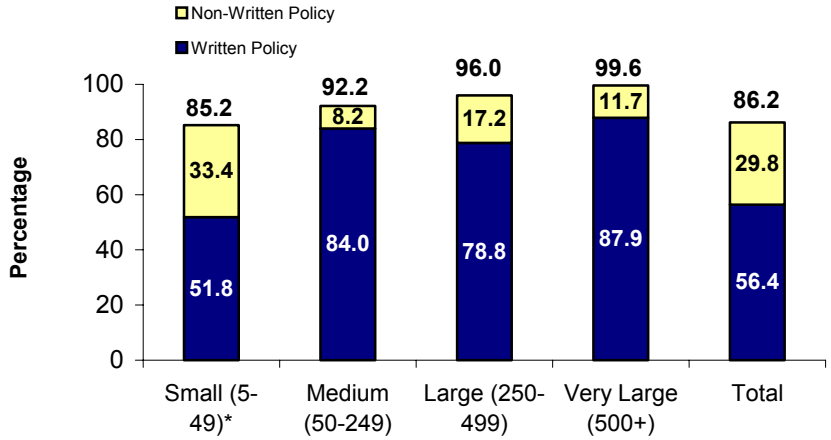

*Actual number is 30.5%; due to rounding, total slightly exceeds 100%

# WORKPLACE TOBACCO POLICIES

## Current Workplace Smoking Policies in New Jersey

Overall, 86.2% (± 4.5) of workplaces reported having some kind of policy that restricts smoking. The likelihood of having a smoking policy increased as the size of the workplace increased, from 85.2% (± 5.2) of small workplaces to 99.6% (± 0.7) of very large workplaces (See Figure 2). New Jersey law requires private employers with 50 or more employees to establish written rules to protect employees from ETS [NJSA 26: 3D – 23 thru 25]. Only two-thirds of workplaces with smoking policies reported having written policies. As shown in Figure 2, larger workplaces were more likely to have a written smoking policy than smaller workplaces.

**Figure 2: Smoking policy by size of workplace - NJWTS, 2001**

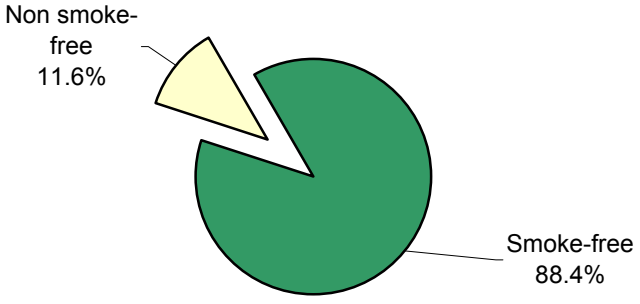



*Not required under NJ law to have a written policy that prohibits or restricts smoking

## Smoke-Free Workplaces

The clean indoor air law of New Jersey [NJSA 26: 3D – 23 thru 25] currently defines a smoke-free workplace as a place of work that has a total ban on indoor smoking *or* prohibits smoking in all indoor work, public and common areas and restricts smoking only to designated fully enclosed and separately ventilated locations. The majority (88.4 ± 3.5%) of workplaces in New Jersey reported being smoke-free (See Figure 3). Most workplaces (87.3 ± 3.7%) reported having a total ban on indoor smoking and did not permit smoking anywhere indoors. An additional 1.1% (± 1.2) of workplaces only permitted smoking indoors in designated, fully enclosed and separately ventilated areas, thus meeting the definition of a smoke-free workplace.

**Figure 3: Smoking policies in the workplace - NJWTS, 2001**

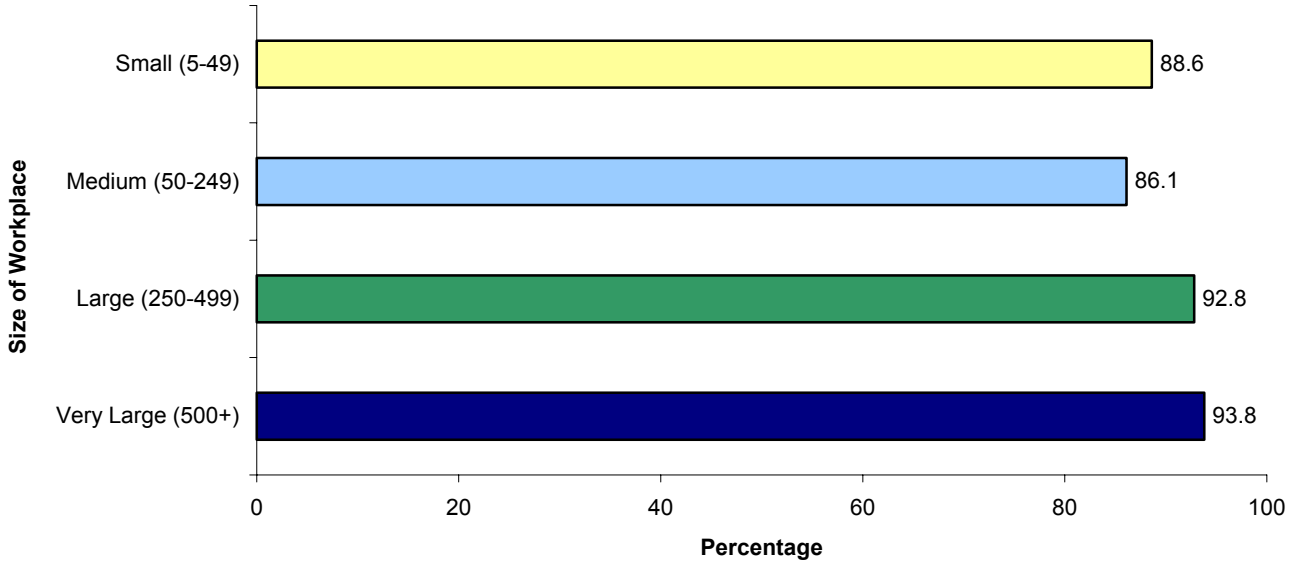


Interestingly, 86.2% (± 4.5) of the workplaces reported having a policy that restricts smoking. A minority of workplaces indicated they did not have a smoking policy, but reported being smoke-free. This could be attributed to a social norm that discourages smoking within the workplace.

## Smoke-Free Workplaces by Size

Small and medium-size workplaces were less likely to be smoke-free (88.6 ± 4.0%, 86.1 ± 4.1% respectively) than large and very large workplaces (92.8 ± 5.5%, 93.8 ± 3.0% respectively) (See Figure 4). New Jersey law only mandates provision of a smoke-free work environment for workplaces that employ 50 or more people. More than 9-in-10 workplaces in New Jersey employ fewer than 50 people. [5]

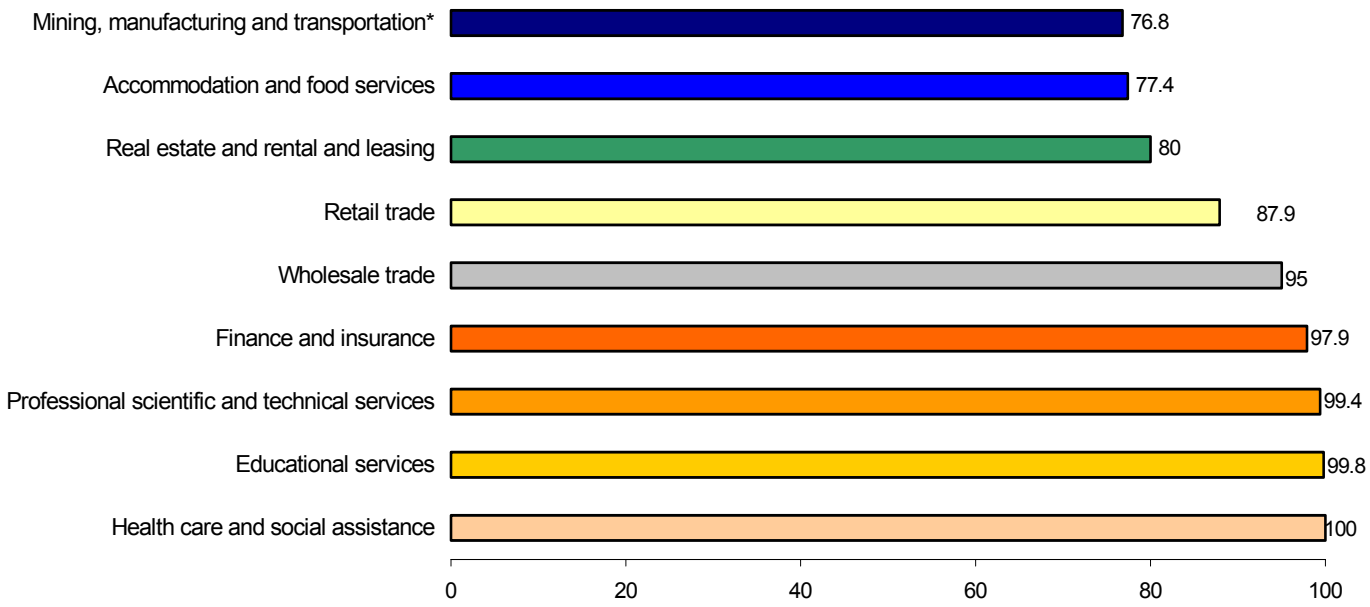
**Figure 4: Percentage of smoke-free workplaces by size - NJWTS, 2001**




## Smoke-Free Workplaces by Type of Industry

The prevalence of smoke-free workplaces also differed by type of industry (See Figure 5). Industries such as mining/manufacturing/construction, accommodation/food services, and real estate were less likely to have smoke-free workplaces compared to industries such as health care & social assistance, education, and professional/technical services. Research studies have clearly shown that blue-collar (manufacturing and labor) workers are less likely to be protected from workplace ETS exposure than white-collar (professional) workers. [18] Population surveys also show that only one third (36.3%) of food service employees work in smoke-free environments. [4] About one quarter of all food service workers are in their teens (15 to 19 years old), a population vulnerable to developing regular tobacco use and addiction. [19]

**Figure 5: Smoke-free workplaces by industry- NJWTS, 2001**




***Includes workplaces such as mining, utilities, construction, manufacturing, transportation and warehouse**

## Locations Where Smoking is Allowed in Non Smoke-Free Workplaces

Approximately 1-in-9 (11.6 ± 3.5%) New Jersey workplaces still allow employees to smoke in indoor work or common areas. Smoking is most often permitted in restrooms, break rooms and private offices; all of which are places where non-smoking employees may potentially be exposed to ETS (See Table 2). Moreover, 13.3% (± 10.4) of these workplaces allow smoking in customer areas, potentially exposing their non-smoking clients to ETS as well.

**Table 2: Locations where smoking is permitted in workplaces that are not smoke-free - NJWTS, 2001**

| | Total | | |
|---|---|---|---|
| | % | | (95% CI) |
| Restrooms | 51.2 | ± | 15.8 |
| Break rooms | 49.1 | ± | 16.2 |
| Private offices | 40.5 | ± | 15.4 |
| Open work and production areas | 28.7 | ± | 15.7 |
| Meeting and conference rooms | 25.0 | ± | 13.7 |
| Cafeterias | 18.2 | ± | 11.8 |
| Reception/waiting areas | 17.6 | ± | 12.5 |
| Customer area | 13.3 | ± | 10.4 |
| Other areas inside the building | 11.1 | ± | 12.9 |
| Hallways and stairwells | 8.3 | ± | 8.4 |

## Other Types of Smoking Restrictions

An indoor smoking ban provides employees basic protection from ETS exposure. However, non-smoking employees may be exposed to ETS at building entrances and in company vehicles. Moving "smoking permitted" areas away from building entrances and building air intakes addresses this problem. Only 1-in-12 (8.0 ± 2.9%) workplaces reported prohibiting smoking outside of buildings. Of workplaces that used company vehicles, more than a third (37.7 ± 7.3%) allowed employees to smoke in them.

## Cigarette Sales at the Workplace

Approximately 1-in-12 (8.4 ± 3.0%) workplaces reported that cigarettes were available for sale to employees (small 8.0 ± 3.4%, medium 11.7 ± 3.8%, large 10.4 ± 6.4%, very large 7.5 ± 3.5%). The availability of cigarette sales to employees was most prevalent in the retail trade (27.6 ± 13.0%), accommodation and food services (11.9 ± 8.1%), finance and insurance (10.1 ± 16.7%) and real estate (8.1 ± 8.2%) industries. All other industries combined were less than 2%.

## Smoking Policy Communication

For those workplaces that had a smoking restriction policy, the most frequently reported methods of communicating the policy were through new employee orientations, supervisors, and "No Smoking" signs posted in non-smoking areas. Compared to small workplaces, larger workplaces were more likely to use formal ways of communicating their smoking policies, for example, posting "No Smoking" signs and including their smoking policies as part of formal orientations and employee handbooks (See Table 3).

**Table 3: Methods of communicating smoking policy by size of workplace - NJWTS, 2001**

| | Workplace by Size[1] | | | | |
|---|---|---|---|---|---|
| | Small % | Medium % | Large % | Very Large % | Total % (95% CI) |
| Policy included in new employee orientation | 77.3 | 85.2 | 85.1 | 85.4 | 78.5 ± 5.0 |
| Policy announced through supervisors | 64.7 | 63.4 | 65.3 | 63.0 | 64.6 ± 5.6 |
| No-smoking signs posted in non smoking areas | 61.4 | 69.1 | 79.2 | 80.6 | 62.7 ± 6.0 |
| Policy written in the employee handbook/manual | 42.5 | 67.2 | 62.2 | 70.8 | 46.1 ± 5.8 |
| Send copy of the policy to employees | 26.6 | 50.9 | 42.8 | 48.1 | 30.0 ± 5.1 |
| Copy of the policy posted in workplace | 24.3 | 43.6 | 41.5 | 48.4 | 27.1 ± 4.9 |
| Word of mouth/common knowledge/not specified | 11.4 | 8.0 | 6.5 | 2.9 | 10.8 ± 3.9 |
| Policy included in the employee newsletter | 6.6 | 13.3 | 15.9 | 29.1 | 7.8 ± 2.8 |
| Policy included in e-mail/ company web site | 2.2 | 4.5 | 7.2 | 19.7 | 2.7 ± 1.5 |
| Signs posted in smoking areas | 1.1 | 3.5 | 1.9 | 5.4 | 1.4 ± 1.0 |

[1] Data is reported for four different groups of workplaces based upon employee size as follows: Small (5 to 49 employees); Medium (50 to 249 employees); Large (250 to 499 employees) and Very Large (500 or more employees).

## Smoking Policy Compliance and Disciplinary Actions

More than three out of four (78.5 ± 5.1%) workplaces with smoking restrictions reported that employees always complied with the workplace smoking policies. Compliance was high in every size workplace (small 79.1 ± 5.9%, medium 75.7 ± 5.1%, large 67.5 ± 9.9% and very large workplaces 71.2 ± 6.3%).

Less than half (46.8 ± 5.8%) of workplaces with smoking policies had disciplinary procedures in place for policy violations. Of the workplaces with disciplinary procedures, the most common protocols for violating a policy were: verbal warnings, a note placed in a personnel file, and written warnings (See Table 4). Very large workplaces were more likely to have disciplinary procedures as compared to small workplaces. Very large workplaces were also more likely to refer violators to a smoking cessation program as compared with small workplaces. Only about a quarter (27.6 ± 7.9%) of the workplaces with disciplinary procedures reported that they used any of them within the previous 12 months.

**Table 4: Disciplinary procedures for violation of smoking policy by workplace size - NJWTS, 2001**

| | Workplace by Size[1] | | | | | |
|---|---|---|---|---|---|---|
| | Small % | Medium % | Large % | Very Large % | Total % | (95% CI) |
| Issuing a verbal warning | 96.5 | 96.1 | 95.9 | 94.9 | 96.4 | ± 3.7 |
| Making a note in the personal file | 78.4 | 86.1 | 83.2 | 90.2 | 80.0 | ± 7.4 |
| Issuing a written warning | 73.6 | 86.6 | 84.8 | 91.2 | 76.2 | ± 8.0 |
| Dismissing the employee | 64.8 | 64.3 | 62.6 | 78.0 | 64.9 | ± 8.0 |
| Suspending or transferring the employee | 50.0 | 56.8 | 48.7 | 61.7 | 51.3 | ± 8.4 |
| Referring them to a program to quit smoking | 29.0 | 39.3 | 46.7 | 50.2 | 31.3 | ± 7.4 |
| Fining the employee | 8.3 | 8.5 | 6.0 | 9.0 | 8.3 | ± 4.2 |
| Other procedural disciplinary action | 2.4 | 1.4 | 2.4 | 0.7 | 2.2 | ± 3.8 |

[1]Data is reported for four different groups of workplaces based upon employee size as follows: Small (5 to 49 employees); Medium (50 to 249 employees); Large (250 to 499 employees) and Very Large (500 or more employees).

## Employee Complaints about Smoking Restriction Policies and Exposure to Environmental Tobacco Smoke

Employees rarely complained about either smoking restrictions or the presence of tobacco smoke in the workplace. Only 1 in 18 managers (5.5 ± 2.5%) in workplaces with smoking policies reported having any complaints by employees regarding the existence of smoking restrictions in the workplace. Less than one percent (0.3 ± 0.5%) of all workplaces with smoking policies reported that any employees left the workplace because of workplace smoking restrictions (small 0.4%; medium 0%; large 0% and very large 0%). Few managers in workplaces either with (8.0 ± 2.7%) or without (8.7 ± 7.7%) smoking restrictions reported receiving any complaints from employees about exposure to ETS. This suggests that accepted social norms are important when it comes to rules governing smoking in the workplace.

# WORKPLACE TOBACCO CESSATION PROGRAMS

Overall, the managers interviewed estimated that 1-in-5 (21%) of their employees smoke. This estimate is comparable with the actual number of adult smokers in the population.[2,4] Given that most smokers want to quit and that effective smoking cessation treatments are available,[20] the types and availability of assistance provided by employers can play an important role in helping their employees to quit smoking.

## Health Insurance Benefits

Health insurance coverage was common among the employers interviewed. Overall, 85.9% (± 4.6) of workplaces reported offering or contributing to a health insurance program as part of employee benefits. Larger workplaces were more likely to provide health insurance compared to smaller workplaces (small 84.1 ± 5.3%; medium 96.4 ± 2.4%, large 99.0 ± 1.9% and very large 99.5 ± 0.7%). Of those organizations offering health insurance, two-thirds (67.0 ± 5.4%) reported that all of their employees were eligible for health insurance benefits.

While New Jersey employers commonly offer health insurance benefits, more than three-quarters (76.8 ± 4.4%) of the workplaces that provided health insurance benefits indicated that coverage for smoking cessation programs was not an important consideration in their decision to purchase a particular health plan. This may be because managers aren't aware of their employees' demand for smoking cessation services. Only 5.6% (± 2.4) of the managers reported that any of their employees asked about smoking cessation treatment as part of their health insurance benefits during the last 12 months.

## Health Promotion and Wellness Programs

On average, only 1-in-7 (14.5 ± 3.4%) workplaces offered workplace health and wellness promotion programs to their employees. The prevalence of these programs increased with the size of the workplace (small 12.4 ±3.9%; medium 24.2 ± 4.8%; large 46.8 ± 10.1%; and very large 60.2 ± 7.3%). However, compared to other types of health/wellness promotion programs, smoking education programs were the least likely to be offered (See Table 5).

**Table 5: Workplace wellness and health promotion programs by size of workplace - NJWTS, 2001**

| | Workplace by Size[1] | | | | | |
|---|---|---|---|---|---|---|
| | Small % | Medium % | Large % | Very Large % | Total % | (95% CI) |
| Injury prevention | 72.5 | 68.5 | 72.4 | 78.0 | 71.9 | ± 11.4 |
| Flu vaccinations | 54.7 | 54.2 | 71.8 | 84.3 | 56.0 | ± 12.8 |
| Disease management | 44.7 | 51.2 | 65.6 | 75.5 | 47.6 | ± 12.5 |
| Weight control | 50.7 | 46.8 | 58.2 | 74.9 | 50.8 | ± 12.6 |
| Health fairs/screenings | 57.1 | 56.3 | 84.0 | 89.4 | 58.8 | ± 12.8 |
| Nutrition management | 54.0 | 39.5 | 42.9 | 68.3 | 51.2 | ± 12.6 |
| Gym/exercise facility | 42.9 | 44.1 | 44.3 | 59.9 | 43.7 | ± 12.7 |
| Exercise program | 55.1 | 29.2 | 48.9 | 59.5 | 49.9 | ± 12.7 |
| Stress management | 58.7 | 44.7 | 58.8 | 74.8 | 56.4 | ± 12.4 |
| Smoking education programs* | 40.4 | 31.3 | 31.5 | 56.8 | 38.7 | ± 12.4 |

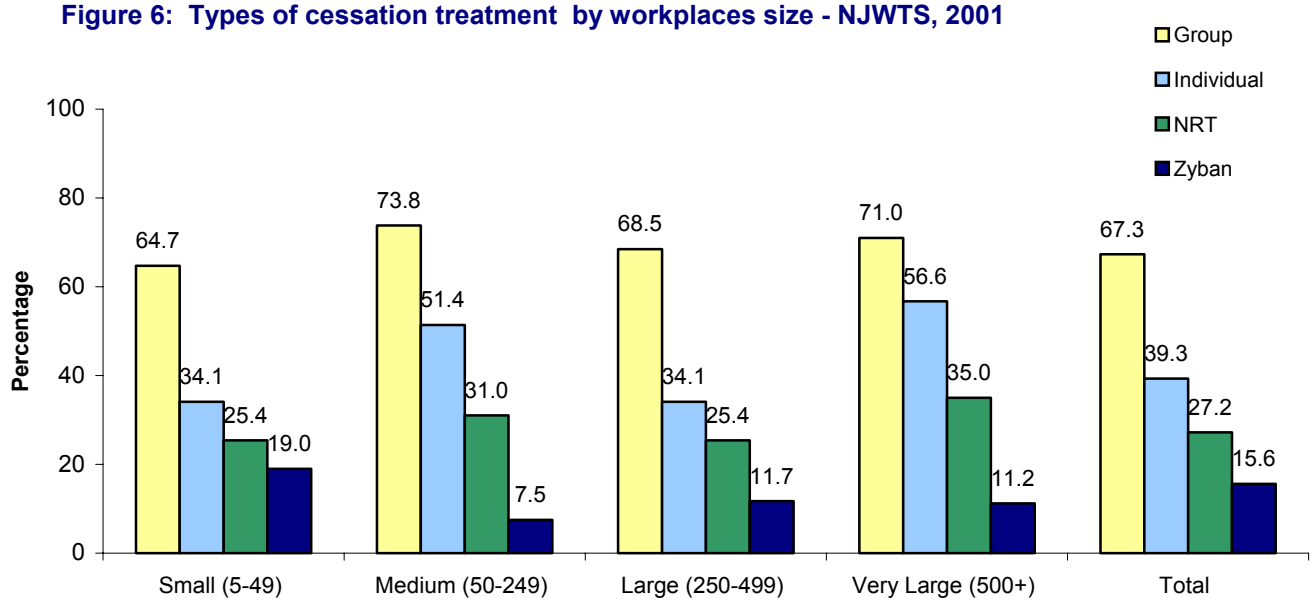
[1] Data is reported for four different groups of workplaces based upon employee size as follows: Small (5 to 49 employees); Medium (50 to 249 employees); Large (250 to 499 employees) and Very Large (500 or more employees).

* Smoking education programs may include stop smoking manuals, classes or clinics, lectures, workshops, support groups or other programs.

## Workplace Smoking Cessation Treatment Programs

Only 1-in-15 (6.8 ± 2.2%) workplaces reported that they had ever offered a workplace smoking cessation program. The likelihood of such a program being offered increased with the size of the workplace (small 5.3 ± 2.5%, medium 13.9 ± 4.0%, large 21.3 ± 7.5% and very large 42.6 ± 7.3%). As depicted in Figure 6, the most common cessation treatments offered were group counseling and individual counseling. Despite the fact that smoking cessation medications have been shown to double quit rates, nicotine replacement therapy (NRT) and Zyban were the least likely cessation treatments to be offered. [20]

**Figure 6: Types of cessation treatment by workplaces size - NJWTS, 2001**




## Workplace Incentives for Smoking Cessation

Very few workplaces (6.4 ± 2.8%) reported using incentives to encourage their employees to quit smoking (small 6.4 ± 3.2%; medium 6.7 ± 3.2%; large 6.4 ± 4.7%; and very large 9.1± 5%). The most common incentives offered by these workplaces were: payroll bonuses or cash rewards for employees who quit smoking (56.6 ± 21.7%); reimbursement for the cost of smoking cessation programs (41.9 ± 21.9%); and, lower health insurance premiums for non-smokers (21.1 ± 16.7%).

## Employee Assistance Programs and Smoking Cessation

Workplaces may offer an Employee Assistance Program as part of employee benefits. The program is designed to help workers deal with personal health issues such as substance abuse, family and/or financial problems that may interfere with work performance.

Approximately 1-in-5 (22.0% ± 4) workplaces had an Employee Assistance Program (EAP). However, only half (51.5% ± 9.7) of those workplaces that had an EAP reported that smoking cessation treatment was included in its services to employees. The most frequently reported cessation treatments available through EAPs were individual counseling (56.0% ± 14.2) and group counseling (48.5% ± 14.2). Cessation medications were the least likely mode of treatment to be offered through the EAPs (24.7% ± 12.7 for NRT and 13.8% ±10.6 for Zyban).

### Barriers to Offering Smoking Cessation Programs Through the Workplace and Assistance Desired

Managers in workplaces with smoking policies estimated that 1-in-5 (19.5%) of their employees smoke, while managers in workplaces that had no policy estimated that 1-in-3 (29.8%) of their employees were smokers. Despite the fact that research has shown that most smokers want to quit, [21] the most frequent reasons cited for not offering a workplace smoking cessation program were: the belief that there were very few smokers in the workplace (20.6 ± 5.1%), and the belief that employees were not interested in smoking cessation programs (12.7 ± 4.2%). Lack of financial resources (6.0 ±3.6%) was cited as a barrier much less often. The three most common types of assistance that New Jersey workplaces said they would find helpful were: free outside programs to help people quit smoking, a listing of programs that help people quit smoking, and “No Smoking” signs and posters.

# CONCLUSIONS

There has been a rapid growth in the adoption of smoking policies by workplaces in the United States – with increasing levels of smoking restrictions. For example, a 1986 survey showed that 45% of employed adults had some form of smoking restrictions at work but only 3% reported their workplaces were smoke-free.[22] Another survey done a decade later (in 1996) revealed that 86% of U.S. adults had some smoking restriction at work and 63% reported that they worked in smoke-free workplaces.[19] Similarly, nearly 70% of all indoor workers reported working under a smoke-free policy in 1999 compared with only 46% in 1993.[23]

Workplace policies that ban or restrict smoking altogether have been shown to be very effective in eliminating or reducing ETS exposure in the workplace and provide excellent opportunities to modify smoking behavior.[24] For example, Gerlach et al [1997] showed that smoking prevalence decreased by 6% and average daily cigarette consumption dropped by 14% among those who worked in 100% smoke-free environments compared to those employees with little or no smoking restrictions at work.[25] In addition, smoking bans have their greatest impact on workers with the highest rates of smoking.[26] It has been estimated that if all workplaces were required by law to be smoke free, it would reduce U.S. smoking prevalence by 10%, resulting in 20.9 billion less cigarettes smoked.[25,27]

### ♦ ♦ ♦ The Majority of New Jersey Workplaces are Smoke-Free ♦ ♦ ♦

The good news for employees in the State of New Jersey is that nearly nine out of ten workplaces (88.4%) employing 5 or more people are already smoke-free. Of course, the chances of being employed in a smoke-free workplace are greater as the size of the employer increases. Workers in "white collar" professions such as health care, education, finance, insurance, or in the scientific or technical fields are also more likely to have the "luxury" of working in a smoke-free environment. Smoke-free policies in the workplace also seem to be readily accepted by the majority of those who work in them. Managers of smoke-free workplaces say their employees rarely violate their smoking policies, and they receive few complaints concerning either the policy or violations of it.

The bad news is that those who work for small companies and "blue collar" workers in the mining, manufacturing, transportation, food service, and hotel/motel (accommodations) sectors are less likely to have jobs in workplaces that restrict smoking. The clean indoor air laws of New Jersey clearly stipulate that the right to breathe clean air supersedes the right to smoke. Every employee in New Jersey should have the right to breathe air that is free of tobacco smoke, regardless of the size of the workplace or the type of industry.

Individuals employed in retail, and the accommodations and food service industries are most likely to work in places where cigarettes are readily available for purchase by employees. This is especially worrisome since these industries employ a significant number of teens and young adults who often take up smoking as the result of peer pressure from their workmates and the easy availability of cigarettes at work. For example, one study showed that among young adult smokers, 21% indicated that they started smoking regularly at work and 7% specifically acknowledged that they were influenced by workmates to take up the tobacco habit.[28] Easy availability of cigarettes is likely to promote the initiation and maintenance of smoking behavior in youths and young adults who are just entering the workforce.

Current New Jersey law defines a smoke-free workplace as one with a total ban on indoor smoking or a workplace that permits smoking indoors only in designated, fully enclosed and separately ventilated areas. There are limitations in this definition, as there is no guarantee that designated fully enclosed and separately ventilated smoking locations actually function as such. Some evidence also suggests that separately ventilated smoking areas may increase the risk of lung cancer among smokers.[29] While most workplaces employing five or more workers in the state have policies that restrict smoking indoors, the vast majority of employers still permit employees to smoke outside, and many allow workers to smoke in company-owned vehicles.

### ♦ ♦ ♦ Very Few New Jersey Workplaces have Tobacco Cessation Programs ♦ ♦ ♦

The managers interviewed estimated that one in five of their employees currently smoke cigarettes. Most smokers want to quit; yet few workplaces reported active measures such as workplace smoking cessation programs or incentives to help their employees kick the tobacco habit. Given the tremendous costs to employers associated with lost productivity and increased health care expenditures resulting from employees who smoke, companies would be wise to make investments in programs that will help their employees stop smoking.

These measures could easily be made part of corporate health promotion and wellness programs. When tobacco cessation treatment is included in these corporate wellness programs, they are more readily accessible to a substantial proportion of the smoking population. Workplace tobacco cessation programs can be tailored to meet the needs of those most at risk for tobacco use and for individuals who ordinarily would not use or have access to existing community or healthcare-based tobacco treatment services.

Access to smoking cessation treatment programs through basic health insurance is also key to helping employees give up smoking. Since most of the workplaces offer health insurance to their employees, incorporating smoking cessation treatment into health insurance benefits would make these treatments readily accessible to the majority of smokers who want to quit.

# RECOMMENDATIONS

### ♦ ♦ ♦ Workplaces should be encouraged to adopt a comprehensive smoking ♦ ♦ ♦ policy that bans smoking indoors, at building entrances, in outdoor areas, and in company vehicles.

A complete ban on indoor smoking is the preferred approach to protection from ETS in the workplace because it provides maximum protection yet is less expensive to implement than providing separately ventilated areas.[30] A total ban on indoor smoking is also a more valid and functional definition of a smoke-free workplace and is an important area for policymaking.

Given that the majority of smokers regret having started smoking, and three out of four smokers want to quit, creating an environment in which smokers find it easier to cut down or quit may lead to overall reductions in smoking.[21] An indoor and outdoor (campus-wide) smoking ban - including company vehicles, provides the strongest statement by an employer that smoking is both unhealthy and undesirable. Such bans also establish an environment in which smokers find it easier to give up smoking.[31-32] Easy availability of cigarettes can only enhance smoking behavior. The sale of cigarettes to employees at workplaces should be actively discouraged.

Other priority areas for outreach should include the formalization of a comprehensive, written workplace tobacco policy and set of enforcement strategies. The CTCP should consider program initiatives that encourage formal smoke-free policies in small-sized workplaces and blue-collar industries through its community partnerships with the American Cancer Society (ACS), Communities Against Tobacco (CAT) coalitions and the Local Information Network Communication System (LINCS).

### ♦ ♦ ♦ Increase Utilization of Quit Services in the NJ Workforce ♦ ♦ ♦

Only a small number of workplaces currently have programs in place to help employees quit smoking. As such, it is vitally important to provide other avenues for workers to access treatment for tobacco dependence. The CTCP currently has tobacco dependence treatment programs that are readily available: New Jersey Quitline (1-866-NJ-STOPS), New Jersey Quitnet (njquitet.com) and New Jersey Quitcenters. Information on these programs should be widely disseminated through all New Jersey workplaces as treatment options for workers who want to quit the tobacco habit.

In addition, employers are encouraged to make health insurance coverage for tobacco dependence treatment an important consideration in the selection of health plans. Given that smoking cessation medications have been shown to double quit rates and treatments for tobacco dependence are a highly cost-effective prevention strategy, cessation medications should be fully covered by health insurance benefits.[33]

# TECHNICAL NOTES

The purpose of the NJWTS was to collect baseline information concerning workplace tobacco control policies throughout the state. The target population was NJ workplaces that employ five or more employees.

## Sampling Method

The Dun & Bradstreet marketing file [2001] was used as the frame for sample selection.[16] The sample design was developed to ensure representation of five geographic regions in the state. Standard Industrial Classification (SIC) codes were used to stratify by type of business to ensure that businesses of different types were represented in the sample (See Table 6). So that businesses with different sizes were well represented, the sample was also stratified by workforce size. Approximately 80% of all workplaces in New Jersey employ 5 to 25 workers but these small workplaces employ fewer than 26% of employees reported to work in the state. To ensure adequate representation of workplaces with larger numbers of employees, the workplace sample was selected using probability-proportional-to-size (PPS) methods.

**Table 6. Sample distribution of workplaces by industry (unweighted) - NJWTS, 2001**

| | Total | |
|---|---|---|
| | N | % |
| Mining, manufacturing and transportation[1] | 241 | 21.5 |
| Retail trade | 117 | 10.5 |
| Health care and social assistance | 109 | 9.7 |
| Professional scientific and technical services | 72 | 6.4 |
| Accommodation and food services | 55 | 4.9 |
| Wholesale trade | 62 | 5.5 |
| Finance and insurance | 57 | 5.1 |
| Real estate and rental and leasing | 57 | 5.1 |
| Educational services | 68 | 6.1 |
| Other[2] | 282 | 25.2 |

[1] Includes workplaces such as mining, utilities, construction, manufacturing, transportation and warehousing

[2] Includes workplaces such as agriculture, forestry, fishing, hunting, information, administrative and support, waste management and remediation services, arts, entertainment and recreation, and all other workplaces

## Survey Questionnaire

A team of investigators from the University of Medicine and Dentistry of New Jersey (UMDNJ) collaborated with Mathematica Policy Research, Inc. (MPR) to develop the survey instrument. In constructing the survey instrument, several questions were derived from previous surveys such as: Survey of New Jersey Businesses, Arizona Workplace Smoking Policy Survey, University of Vermont Workplace Survey, and Health Research and Educational Trust (HRET) California Survey.[34-37] In addition, specific questions were constructed and included in the instrument to meet the needs of the NJDHSS Comprehensive Tobacco Control Program. The project team pre-tested the questionnaire using multiple interviewers and business establishments. The NJWTS topics included workplace smoking policies, health insurance benefits, workplace wellness and health promotion programs, and the establishment's organizational structure and characteristics.

## Workplace Interviews

Mathematica Policy and Research (MPR) conducted telephone interviews using a Computer-Assisted Telephone Interviewing (CATI) system from July 11, 2001, through October 30, 2001. Data collection was halted for one week due to the World Trade Center disaster of September 11.

MPR trained twenty-six interviewers to conduct the NJWTS. Two telephone center supervisors supervised the interviewers. Each selected establishment received a project introductory letter from the principal investigator at UMDNJ. The mailing was timed so that the letter reached the establishment within three days of the first telephone contact. The interviewers called all establishments selected for the survey, screening out those that were ineligible including those that were permanently closed, had been bought by another business, had fewer than five employees, or had relocated to another state. An average of 6.6 calls were required to complete a Workplace Tobacco Policies Survey interview.

The survey respondents were usually the human resource and/or benefits managers for larger organizations and office managers or owners for smaller workplaces. Data were collected concerning the prevalence of workplace tobacco control policies, levels of smoking restrictions, levels of compliance, strategies of policy enforcement, health insurance benefits and workplace smoking cessation programs.

The final sample (excluding 237 ineligibles) included 1671 New Jersey establishments. Out of these, 1120 establishments completed the survey (1107 complete surveys and 13 partial completed surveys were used for analysis), and thus had a response rate of 67%.

## Data Analysis

UMDNJ investigators performed statistical analysis and data management. SAS Version 8.2 (SAS Institute, Cary, NC) was used to calculate point estimates. SUDAAN Version 8.0 was used to generate 95% confidence intervals, due to the complex sample design.[17] Standard statistical packages, such as SAS and SPSS, could not be used for variance calculations since they do not consistently account for effects on variances in complex survey designs. Results are reported for both the entire group and by employer size, as determined by number of employees. Employer size was defined as: Small (5 to 49 employees); Medium (50 to 249 employees); Large (250 to 499 employees) and Very Large (500 or more employees).

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Prepared by:


University of Medicine and Dentistry of
New Jersey– School of Public Health

Prepared for:


New Jersey Department
of Health and Senior Services